PRINTED: 10/23/2020

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08/27/2020

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

A. BUILDING:

(X2) MULTIPLE CONSTRUCTION

A. BUILDING:

(X3) DATE SURVEY
COMPLETED

NAME OF PROVIDER OR SUPPLIER

IL6002646

STREET ADDRESS, CITY, STATE, ZIP CODE

B. WING \_

## SERENITY OF MOLINE

430 SOUTH 30TH AVENUE EAST MOLINE. IL 61244

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments	S 000		
	Complaint Investigation:			
	#2026026/IL 125338 #2026295/IL125619			
S9999	Final Observations	S9999	31	
	Sttement of Licensure Violations:			
	300.1210b) 300.1210d)5) 300.3240a)			
	Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing			
	care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 5) A regular program to prevent and treat pressure sores, heat rashes or other skin			
	breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and		Attachment A Statement of Licensure Violations	

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED C IL6002646 B. WING 08/27/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 430 SOUTH 30TH AVENUE SERENITY OF MOLINE EAST MOLINE, IL 61244 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 1 S9999 services to promote healing, prevent infection. and prevent new pressure sores from developing. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) These Requirements are not met as evidenced by: Based on observation, interview and record review, the facility failed to prevent and treat a pressure ulcer for one (R7) of three residents reviewed for pressure ulcers in a sample of nine. This failure resulted in the worsening of a house acquired pressure ulcer from a Stage one to a Stage four and subsequently required antibiotics for a wound infection. Findings include: Facility Pressure Ulcer Prevention Policy, revised 1/15/18, documents the purpose is to prevent and treat pressure sores/pressure injury; inspect the skin several times daily during bathing, hygiene and repositioning; pressure reducing mattresses are used for all residents unless otherwise indicated, specialty mattresses such as low air loss, alternating pressure, etc. may be used for residents who have multiple Stage Two wounds or one or more Stage Three or Stage Four wounds. R7's current Care Plan, documents that width. length, depth, type of tissue and exudate of the skin breakdown will be documented. The Care

Multivitamin and Zinc.

Plan also documents that R7 is receiving "Proheal" for wound healing, Ascorbic Acid, Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NOWIBER.	A. BUILDING:		COMPLETED	
		IL6002646	B. WING			27/2020
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
SERENITY OF MOLINE 430 SOUTH EAST MOL						
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S9999	Continued From pa	ge 2	S9999			
	documents that R7 12/4/15 with a diagr Mellitus, Bipolar Dis Dementia, Schizoph Obstructive Pulmon	•				
	documents a house R7's Coccyx. The F "Two small and one	Report, dated 7/18/20, acquired pressure ulcer to Pressure Ulcer description is larger open area to the Irements (length, width and e or exudate were		eg		
	documents that R7's to the Coccyx meas	Report, dated 7/20/20, s Stage One Pressure Ulcer sured 4.6 centimeters/cm by as documented. The Surface				
		ocumentation, dated 8/26/20, s Coccyx is a Stage Four.				
		am, V2 (Administrator) Coccyx pressure ulcer y 3.0 cm by 2.1 cm.				
	V4 (Certified Nursing R7 in bed, and R7's not have a dressing eschar area, with a larger than an appro	5 am, R7 was lying in bed and g Assistant/CNA) positioned Coccyx pressure ulcer did applied. A black, necrotic, foul odor, that was slightly eximate size of a half dollar, c. R7 was not on a pressure				7
		am, V4 (CNA) stated, "This ut about the size of a pea,				

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED C B. WING IL6002646 08/27/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 430 SOUTH 30TH AVENUE SERENITY OF MOLINE EAST MOLINE, IL 61244 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 | Continued From page 3 S9999 and they only do the dressing as needed (PRN), and now it is the size of about a half dollar, and it is bad. It is black and smells. The Nurses do not do the dressings, the wound nurse usually does the dressings, so often she goes without a dressing on it. I am not a nurse, but I think she needs a scheduled treatment to her coccyx. (R7) also is seen by the Wound Doctor, and I have not seen the Doctor for a couple of weeks." R7's Physician Order Sheet/POS, dated 8/23/20, documents a treatment order, dated 7/18/20, to cleanse coccyx area with Normal Saline, apply skin barrier (Skin Prep) to edges, medicated ointment (Dermaseptin) and cover with a border foam or dry dressing (Medifix) and foam pad and to monitor every shift as needed (PRN) for wound healing. R7's Wound Infection Report, dated 8/26/20, documents a Physician's Order for an antibiotic (Augmentin) and a referral to a Wound Clinic, for a wound infection to R7's Coccyx pressure ulcer. R7's Treatment Administration Record/TAR, 7/1/20 through 8/23/20, does not document Physician Ordered treatments to R7's Coccyx pressure ulcer on 7/18 through 7/21/20 and 7/23/20 through 7/31/20. R7's TAR, dated 8/5/20 through 8/22/20. documents a treatment to cleanse R7's coccyx pressure ulcer with Normal Saline, apply ointment (Santyl), cover with a four by four gauze and dry dressing (ABD pad in the evening for wound management. Physician ordered treatments were not completed and documented. On 8/23/20, at 10:15 am, V3 (Agency Licensed Practical Nurse/LPN) stated, "I am an Agency

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AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		(X3) DATE SURVEY COMPLETED			
ILC		IL6002646	B. WING		C 08/27/2020			
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SERENITY OF MOLINE 430 SOUTH 30TH AVENUE EAST MOLINE, IL 61244								
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S9999	Continued From pa	ge 4	S9999					
5,,	treatment orders for (medicated topical of 4) and dry pad. The treatment, it is order Wound Nurse does not seen (R7's) press On 8/23/20, at 11:10 Nurse/LPN/Wound coccyx has gotten w	real familiar with (R7). The r (R7's) coccyx are Santyl pintment), a four by four (4 X at treatment is not a scheduled red as needed (PRN). The all the treatments, so I have asure areas."  Dam, V6 (Licensed Practical Nurse) stated, "Yes, (R7's) vorse. It was not like that last week. The Wound						
	Doctor/Nurse Practi for about two weeks am going to make a by the Wound Docto do the treatments a once a week. We ju order today (8/23/20 getting done as nee	tioner has been on vacation and has not been here, but I referral for (R7) to be seen or. The Nurses on the floors and I do the measurements ust changed the treatment of the control of the measurement of the control						
	Nursing/DON) state was an error and it is scheduled treatmen because the treatmeneded (PRN). We and made it a scheduled to a pressure resource on a pressure resource.	B am, V2 (Director of d, "(R7's) Coccyx treatment should have been a t. It has gotten worse ent was only getting done as corrected the treatment order luled treatment now. (R7) is educing mattress and should d to get (R7) on one."						
	stated, "I would never needed) for a presso never good for a wo worse. They should	o am, V16 (R7's Physician) er order Santyl PRN (as ure ulcer. A PRN order is und, they will always get have been doing treatments an get worse and infected."						

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Illinois Department of Public Health (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA **IDENTIFICATION NUMBER:** COMPLETED AND PLAN OF CORRECTION A. BUILDING: \_ C B. WING 08/27/2020 IL6002646 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **430 SOUTH 30TH AVENUE** SERENITY OF MOLINE EAST MOLINE, IL 61244 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 5 R7's Skin Condition Report, dated 7/12/20, documents that R7's Left Heel was "Red, Beefy looking and bleeding and R7's Right Heel was "Black and soft." The Report documents that the Left and Right Heel were House Acquired. A new order for an antiseptic (Betadine) to the bilateral heels with a dry dressing (ABD pad and Kerlix was ordered. The Left Lateral Foot measured 1.6 cm by 1.0 cm. with a surface area of 1.1 cm. R7's Skin Condition Report, dated 7/12/20. documents that R7's Lateral Right Foot measured 1.6 cm by 1.0 cm, with a surface area of 1.1 cm. R7's Skin Condition Report, dated 8/26/20, documents that R7's Left Heel measured 3.3 cm by 2.3 cm and had a surface area of 5.1 cm. R7's Skin Condition Report, dated 8/26/20 documents that R7's House Acquired Pressure Ulcer to R7's Medial Left Foot measured 2.1 cm by 1.2 cm. R7's Weekly Skin Observations, dated 7/30/20, document "Dark peeling areas to right and left heels, open area to right ankle, red areas to bunion on left foot and outside area on left foot." R7's TAR, dated 7/12/20 through 7/31/20, documents a treatment to R7's Left Heel on 7/18/20 through 7/24/20. No other treatments were documented. R7's TAR dated 7/12/20 through 7/31/20. documents a treatment to R7's Left Lateral Foot on 7/23/20 and 7/24/20. No other treatments were documented.

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